

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

PROCRIT (epoetin alfa)

Patient name: _____ Medicaid or SS# _____

Physician Name: _____ Contact person: _____

Phone#: _____ Ext and opt _____ Fax# _____

Pharmacy _____ Pharmacy Phone#: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY**

CRITERIA:

- ▶ Diagnosis of anemia associated with renal failure (**requires lab work**)
- ▶ Diagnosis of anemia associated with chemotherapy (**requires lab work**)
- ▶ Diagnosis of HIV infection (**requires lab work**)
 - ▶ Hematocrit <33% supported by lab work done within the past 3 months.(**FAX COPY OF LAB WORK**)
 - ▶ Hemoglobin <11% supported by lab work done within the past 3 months.(**FAX COPY OF LAB WORK**)
- ▶ Blood transfusions, alleogenic and anemic surgery patients (**approve 1 time only**)
- ▶ Reduction of alleogenic transfusions in anemic surgery patients scheduled to undergo elective nonvascular noncardiac surgery. Procrit is indicated for patients at high risk for perioperative transfusions with significant, anticipated blood loss. (**approve 1 time only**)
- ▶ Patient is not on dialysis
- ▶ No GI bleeding
- ▶ Prescribing authority limited to hematologist, oncologist, nephrologist and infectious disease specialists or based upon a consult with one of these specialists.

Authorization:

6 months

Re-authorization:

No GI bleeding, not on dialysis. Hematocrit <39%, Hemoglobin 11-13, supported by lab data done within the past 3 months.